

**California Cultural and Historical Endowment
(CCHE)
Round Three Grant Application and Criteria
for Project Grants**

Deadline Date: March 1, 2007

For more information, please contact:

CCHE
900 N Street, #380
Sacramento, CA 95814
Tel: 916-651-8223
Toll Free: 866-311-2178
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Website: <http://www.library.ca.gov/CCHE>

V. CCHE Checklist

Submit the following information in the order that appears on this Checklist:

<u>Subject</u>	<u>Initials</u>
(All Applicants)	
1. 15 sets of the CCHE Grant Application Form. This includes: Section One (Parts A-G) Section Two (Parts A-G) Section Three (Parts A-D) Section Four (Parts A-E)	_____
2. Copy of this Checklist with your initials next to each relevant section.	_____
3. Still visual images (i.e., photos) of your Project or a visual description of your Project. You cannot exceed 2-8.5" x 11" one-sided pages of documentation.	
<p>You may include written captions underneath the visual images to describe the images, but you cannot use this space to continue your written summary about your Project. Further, no other type of visual images will be accepted such as CD-ROMs or videos.</p>	
4. Resolution from your governing body.	
<p>(You are able to submit a draft of the resolution indicating when the governing body is scheduled to approve it. Signed copies must be received by May 15, 2007 for the grant application to be considered. A sample is included in Appendix Three of this Grant Application.)</p>	
5. CEQA documentation, if applicable. Include all documentation relevant to the proposed project you wish to pursue utilizing CCHE funds. For projects where an EIR is certified, please make sure that the Final EIR and findings are enclosed. (Pursuant to Section One, Part E)	_____
6. Certification Signed by the Appropriate Representative	_____
7. Applicants Submitting Multiple Applications must provide a letter signed by the Manager/Director of the entity indicating the order of priority of the applications submitted.	_____
8. Relevant portions of Needs Assessment (pursuant to Section Three, Part A)	_____

(Nonprofit Public Benefit Corporations only)

- | | |
|---|-------|
| 9. One Copy of your current By-Laws | _____ |
| 10. One Copy of your current Articles of Incorporation | _____ |
| 11. Letter of Determination from the Internal Revenue Service verifying your status as a tax-exempt nonprofit public benefit corporation | _____ |
| 12. 2 most recent copies of your Form 990's.* | _____ |
| 13. One Copy of your audited financial statements for the past three years OR copies of your year end financials for the past three years signed by the Treasurer of your organization. | _____ |
| 14. If you are a newly established nonprofit public benefit corporation, you will need to submit verification of your financial status for the past three years. | _____ |
| 15. 3 Year Pro Forma Operating Budget Projections (Pursuant to Section Four, Part E) | _____ |
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(Indian Tribes Only)

- | | |
|--|-------|
| 16. Please provide a copy of the governance procedure of your tribal organization, (i.e., a copy of your Constitution or governance laws.) | _____ |
| 17. Indian Tribes will also be asked to sign an express waiver of sovereign immunity for purposes of the CCHE grant if they are selected for a reservation of funds. | _____ |
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(Public Agencies Only)

(Local Public Agencies only)

- | | |
|---|-------|
| 18. A copy of your most recent Single Audit report pursuant to Title 31 USC, Sections 7501-7507. | _____ |
| 19. Applicants who are not subject to the Single Audit Act shall submit a copy of your most recent jurisdictional audit report. | _____ |
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(State, Federal, Joint Powers Agencies)

- | | |
|--|-------|
| 20. A copy of the annual appropriation to the Agency/Department administering the Project. | _____ |
|--|-------|
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*If you are not required to file Form 990, documentation indicating why it is not filed is required. In addition, if your organization files another tax document in lieu of Form 990, please submit your two most recent copies.

VI. Certification

I certify the following:

1. That the information contained in this Grant Application has been carefully reviewed for its content and accuracy and I believe it to be true and correct to the best of my ability.
2. That I understand that I waive all rights to privacy and confidentiality of the material submitted and subsequent material requested regarding this Grant Application.
3. That I understand that I may be asked to provide further information at the time of grant review and CCHE staff may ask additional questions regarding the information submitted.
4. That if any part of this information is incorrect, inaccurate or there has been a change of information about any part of the material submitted, that it be made known to CCHE as soon as possible.

Signature: _____

Print Name: _____

Title: _____

Organization: _____

Date: _____

Project Grants

VII. Grant Application Form

Deadline: 3/01/07

Section One – ADMINISTRATIVE INFORMATION (Parts A - G)

Section One, Part A – General Information

Applicant Name: _____

Project Name: _____

Address: _____

Street

City

County

State

Zip Code

Telephone: _____

Fax: _____

Email Address: _____

Website: _____

Employer Identification Number
(EIN), if applicable: _____

Name and Title of Project

Contact Person

Name

Title

Address: _____

Street

City

County

State

Zip Code

Telephone: _____

Fax: _____

Email Address: _____

The specific address of the proposed Project is: (Please indicate exact street address, city, county and zip code)

Street _____

City _____

County _____

Zip Code _____

(Please indicate district number):

State Assembly District: _____

State Senate District: _____

Congressional District: _____

Project Site Location Latitude and
Longitude (Please use decimal system): _____

Section One, Part B – CCHE Funds

Division you are applying for: _____

Requested Amount from CCHE	\$ _____
(Components of Matching Fund Contributions)	
i. Funds already raised or committed for this Project:	\$ _____
ii. Additional funds to be raised for this Project.:	\$ _____
iii. In-Kind donations for this Project:	\$ _____

Note: i-iii should equal or exceed amount requested from CCHE. However, if you are requesting a reduction of a match, please indicate the amount your Project will commit to this Project in the space provided above.

Requested CCHE funds will be used for:

(Indicate whether CCHE funds will be used to complete the entire Project or only a part of the entire Project, and how the CCHE funded portion will complete or add to the entire Project. There are no line limitations.)

Result of the completed CCHE Project will be:

(There are no line limitations.)

Section One, Part C – Timeline

Proposed start date of Project involving CCHE funds:

Proposed end date of Project involving CCHE funds:

Applicants will have one (1) year from the date their Project receives a reservation of funding to resolve all issues related to their Project. See “Release of CCHE funds Requirement” in Appendix One under CCHE Requirements.

Section One, Part D – Property Arrangement

Do you own the property where the proposed capital assets project will take place?

Yes: ☐ No: ☐

If you do not own the property in fee simple, who owns the property and what type of property arrangement do you have with the property owner?

Name of Property Owner: _____

Type of Arrangement (MOU/Lease/Easement):
(There are no line limitations.)

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Note: For most projects, CCHE requires that the applicant have exclusive control of the premises for 20 years. See “Long Term Control” in Appendix One under CCHE Requirements.

Section One, Part E – CEQA

All projects that are to be considered for an approval of funding must be in compliance with the California Environmental Quality Act (CEQA).

CEQA compliance is very fact-specific, and will be different for each type of Project. If your Project has already received a discretionary approval subject to CEQA from another public agency, and the appropriate CEQA documentation has been approved and filed for this Project, please include a copy of the CEQA document with this application. This includes a public agency's Notion of Determination or Notice of Exemption for a Project.

Please note: If the Project approval has been challenged in court on CEQA grounds, and the court proceeding is still pending, it is not considered a final CEQA document for this application. Also, for more information on CEQA terms and definitions, please refer to "CEQA Compliance" in Appendix One under CCHE Requirements and the FAQ on "Lead Agency", "Responsible Agency" and "Discretionary Approval".

Are you enclosing a copy of your CEQA documentation with this application?

Yes: ☐ No: ☐

If yes, what are you enclosing? Also, please indicate the approval date (Please specify the name of the document): _____

Name of Public Agency Approval: _____

Section One, Part F – Historic Resource

Does your proposed Project involve real property that is listed or eligible as a historic resource / historic landmark / historic area-neighborhood/historic significance?

Yes: ☐ No: ☐

If so, describe the status of your property:
(There are no line limitations.)

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Section One, Part G-Multiple Applications

Will you be submitting multiple applications?

Yes: ☐ No: ☐

Please note: If you are submitting more than one grant application, you must adhere to the information under “Multiple Applications” in Appendix One under CCHE Requirements.

Section Two –PROJECT THREAD (Parts A – G)

Section Two, Part A – Mission, Goals and Objective of Organization

Briefly provide the mission, goals and objectives of your organization.
(Your response is limited to 15 lines for all three-subject areas.)

NOTE: Indian Tribes are not required to complete Part A

Mission:

Goals:

Objectives:

Section Two, Part B – Significance of Thread

Please use the space below to briefly describe the thread you wish to pursue using CCHE funds. (Your response is limited to 10 lines.)

Section Two, Part C: Current Programs Illustrating Thread

Please use the space below to briefly describe the regular programs/activities/exhibits you currently sponsor to promote the thread you wish to pursue using CCHE funds. (Your response is limited to 20 lines.)

Section Two, Part D: Promotion of Thread Upon Completion of Project

Please use the space below to describe how the thread of your Project will be further promoted upon completion of the project utilizing CCHE funds. (Your response is limited to 20 lines.)

Section Two, Part E: Overall Contribution to California Culture and History

Please use the space below to describe how your Project thread will provide an overall contribution to California culture and history. (Your response is limited to 20 lines.)

Section Two, Part F: Audience

Please describe your current audience and, how, if any, it will change upon completion of the CCHE project. (Your response is limited to 15 lines.)

Section Two, Part G: Public Access

Please describe the way in which your audience has access to your facility and how, at all, this will change upon completion of the CCHE project. (Your response is limited to 15 lines.)

Section Three-CAPITAL ASSETS PROJECT INFORMATION (Parts A – D)

Section Three, Part A: Needs Assessment

Why is your capital assets project necessary and what is the scope and nature of the capital improvements involved? (Your response is limited to 30 lines.)

NOTE: You may use this space to summarize a copy of your needs assessment, planning documents that were relied upon to make the decision to embark on your capital assets project, or include a copy or relevant portions of it with your application.

Section Three, Part B: Information Regarding the Facility and Staff Operating Facility

- i. *Date Organization was established:
(When you received your EIN from
the Internal Revenue Service) _____
- ii. If a facility current exists, what is the
square footage? _____
- iii. If a new facility is proposed, what is the
square footage? _____
- iv. If you are planning to acquire property,
what is the square footage? _____
- v. If you are planning to create permanent
exhibits, what is the square footage? _____
- vi. If the current facility is to be remodeled
or expanded, what is the square
footage of the remodeled area? _____
- vii. *Date that your organization occupied
the current square footage of the
facility: _____
- viii. What is the proposed square foot
increase as a result of this Project? _____
- ix. What is the current FTE staff assigned
to manage and operate the Project? _____
- x. After completion of the Project, will the
staff of the program change? If yes,
indicate the number and types of PTE
and FTE staff and what new feature or
improved feature of the program is
being addressed. _____

***NOTE: Division Four Applicants do not need to complete “i” and “vii”.**

Use the space provided below to elaborate on any information above.
(Your response is limited to 10 lines.)

Section Three, Part C: Technical Team Members

Please list the core team members of your capital assets project, including but not limited to:
(There are no line limitations.)

Title	Name/Firm/Location	Previous Experience in Managing Capital Assets Projects	Duties Regarding This Capital Assets Project
Project Manager	Refer to		
Architect			
General Contractor			
Engineer			
Other (Specify Title)			
	Excel file		

Section Three, Part D: Work Plan

Please use the chart below to provide the following: (There are no line limitations.)

Task	Deliverables	Who will perform task	Cost	Source of funds to pay for Cost	Start Date	Completion Date
Refer to Excel file						

NOTE: The estimates provided in the chart for your tasks should be based on quotes or bids obtained by a general contractor, cost estimator, or provided directly by a qualified vendor or sub-contractor.

Section Four-ORGANIZATIONAL CAPACITY (Parts A – E)

Section Four, Part A: Staff Leadership

List individuals of your staff who will be directly responsible for working on this Project.
(There are no line limitations.)

Name	Title	Years with Organization	Previous Experience with Capital Assets Projects	Specific Role in this Project
Refer to Excel file				

Section Four, Part B: Organizational Governing Body**DIVISIONS ONE, TWO AND THREE ONLY**

List the individuals of your governing body (Board, Advisory Committee) who will be directly responsible for decision making on this Project. (There are no line limitations.)

Name	Affiliation (Specify Position on Board/Advisory Committee)	Years with Organization	Previous Experience with Capital Assets Projects	Specific Role in this Project
Refer to Excel file				

Section Four, Part B: Community Involvement**DIVISION FOUR ONLY**

List the individuals who are involved in your Project and their role in the decision-making process of your Project. (There are no line limitations.)

Name	Title with Project or Profession	Years Participating in the Project	Previous Experience with Capital Assets Projects	Specific Role in this Project	Type of Decision-making authority provided to individual/entity
Refer to Excel file					

Section Four, Part C: Matching Funds

Please fill in the chart below to indicate how you will fulfill your 1:1 matching fund requirement:

(Cash / Pledges/In-Kind)

Source of Funding	Amount	When Pledge was/will be received	Restrictions	% of Total Match
Cash (specify earned or contributed)				
Pledges				
Loans				
Line of Credit				
List In-Kind Contributions Below*				
Labor				
Supplies and Materials				
Equipment				
Permanent Fixtures				
Planning				
Appraisal of lease				
Appraisal of donated real property				

Total: \$_____

(total should be one half of the total cost of your capital assets Project)

*Please make sure that you have read the CCHE Board policies for in-kind contributions for matching funds in Appendix One under CCHE Requirements of this grant application and include all of the necessary information needed to determine if the type of in-kind contribution can fulfill the matching fund policy.

(Division One and Two Only):

Request for a Reduction of the Matching Fund Requirement

Division One applicants may request up to a 75% reduction of their matching fund requirement.

Division Two applicants may request up to 30% reduction of their matching fund requirement.

Request for a reduction in the 1:1 matching fund requirement?

Yes: ☐ No: ☐

If yes, please use the space below to describe the rationale of your request for a match reduction. (Your response is limited to 25 lines.)

Section Four, Part D: Financial Management and Capacity**DIVISIONS ONE, TWO AND THREE ONLY*****1. Financial Management**

Annual Operating Budget: \$ _____
Cost of Capital Assets Project: \$ _____
Date that you initiated fundraising for
Capital Assets Project: _____

Source of Funds for Capital Assets Project (specify in chart below):

a. Cash Contributions

Type of Donor - indicate whether it is an 1. individual 2. government 3. foundation	Amount Received	Year Awarded or Pledged	Restricted to this Project only? (Indicate "YES" or "NO".)
	\$		

Funds to Date: \$ _____

b. Cash Earned

Earned Income (Specify the type of income, i.e., rental, store)	Amount Received	Year Received
	\$	

Funds to Date: \$ _____

Total Funds to Date:
(Combine two sources
above)

c. Loans/Line of Credit

Amount Borrowed	Terms of Loan (include interest rate, projected payments, and maturity)
\$ _____	

2. Financial Capacity

Please list and explain the fundraising strategy including loan financing plans, if any, you have developed to achieve your goals. (There are no line limitations.)

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NOTE: You may also submit relevant portions of your pre-existing plan with this application as part of the information you will be providing under Section Four, Part E.

* Public Agencies and Indian Tribes are not required to fill out this Part of this Section.

Section Four, Part E: Sustainability**DIVISIONS ONE, TWO AND THREE ONLY**

Please submit a pro forma operating budget projection for the organization for the three years following the completion of your Capital Assets Project. (There are no line limitations.)

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In addition, please describe any permanent; i.e., endowment, or new income sources that you will use to maintain the operation of your Project. (There are no line limitations.)

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Section Four, Part E: Sustainability**DIVISION FOUR ONLY**

List the past three years of financial history of the Agency/Department directly in charge of this Project specifying the annual operating budget and what percentage is directed toward capital assets projects per year.

Year (Start with most recent)	Operating Budget for Agency/ Department	Percentage Allocated for Capital Assets Projects (include existing and new)
Refer to Excel file		